



## PATIENT APPLICATION FORM

### PATIENT'S DETAILS



NAME:	BABY ZAIRA
FATHER NAME:	MD. IMTIYAZ AHMAD
AGE:	8 <sup>TH</sup> MONTH
SEX:	FEMALE
ADDRESS:	Kanpur , UP
DISEASE:	HOLE IN HEART
TOTAL ESTIMATE COST:	Rs. 30,000/-
HOSPITAL / DOCTOR:	AIIMS / DR. S RAMAKRISHNAN

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली - 110029

Cardiothoracic & Neurosciences Centre, O.P.D.

A.I.I.M.S., New Delhi-110029

दिनांक

Date

10/3/2018

विभाग

Deptt.

Cardiology

नाम

Name

LAKRA

उम्र

Age

8 mo female

ब०रो०वि०स०

O.P.D. No.

पुत्र/पुत्री/पत्नी

S/D/W

लिंग

Sex

CO- 26839/18

निदान

Diagnosis

CTVSD

Accepted ↓ by v. Desai  
for BT stent.

→ Donate 10 Blood

Rs 30,000 in AIIMS CT PT  
ACCOUNT.

P Don

3/10/18

1  
May

वरिष्ठ रेजीडेन्ट / SENIOR RESIDENT  
पी.टी.सी.एस. विभाग / Department of C.T.V.S.  
अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-29

CV 2018/014/0026839  
UHID: 103960823

70

Cardiology  
Paeds CTVS  
(149/2018)

Date 26/08/2018

MON, WED, FRI

Name ZAIRA

8M 10D / F

D/O IMTIYAZ AHMAD

Phone No. 7390057998

Consultant Room 5

Dr. V. DEVAGOUROU

SR Room



Ca

D.

दिनांक  
Date

विभाग  
Deptt.

बंसोविंसंसं  
O.P.D. No.

CV 2018/014/0026839

710

Cardiology  
Paed. Cardiology

UHID: 103960823

Date 27/08/2018

MON

Name ZAIRA

8M 0D / F

D/O IMTIYAZ AHMAD

Phone No. 7390057998

Consultant Room 21

Dr. S

RAMAKRISHNAN

SR Room

\*\*\*\*\*

General

o ccm / lcp / 70% hypertrophy / pulmonary stenosis / PMA<sup>+</sup> L→R ASD

SpO2 - 96% 69%

wt - 4.6 kg

1) Tab Ceflar 10

1/4 Tab OD

2) syng Vitcofol 33mg / sach

2 Sach OD

Hand printed  
Discharge form  
Patient

Signature  
27/08/18

Signature



DEPARTMENT OF CARDIOLOGY  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
C.N. CENTRE, ANSARI NAGAR, NEW DELHI-110029

Dated : 05/09/2018

ESTIMATE CERTIFICATE

Name of the Patient ZARA

Age 8 MD Sex female CV No/CTVS No. 26839/18

Nature of Disease \_\_\_\_\_

Nature of Surgery required B T Shunt

Amount required for Surgery 30,000/-

The above mentioned amount must be deposited in advance by bank draft in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/ GOVT. Undertaking beneficiaries.

वरिष्ठ रेजीडेंट / SENIOR RESIDENT  
सी.टी.वी.एस. विभाग / Department of C.T.V.S.  
अ.भा.आ.सं. नई दिल्ली / A.I.I.M.S., New Delhi-29  
(CONSULTANT/SENIOR RESIDENTS)

*[Handwritten signature]*



पंजाब नैशनल बैंक  
punjab national bank

डी.डी.ए. मार्केट, मयूर विहार फेज - III, दिल्ली (4606)  
DDA Market, Mayur Vihar, Phase - III, DELHI - 110096

केवल तीन माह के लिए वैध  
VALID FOR THREE MONTHS ONLY

1	4	0	9	2	0	1	8
D	D	M	M	Y	Y	Y	Y

मांगे जाने पर ON DEMAND PAY AIIMS CT PATIENT'S ACCOUNT

या उनके आदेश पर OR ORDER

9  
8  
7  
6  
5  
4  
3  
2  
1

CENTRALISED  
BANKING  
SOLUTION

रुपये RUPEES \*\* Thirty Thousand only\*\*

प्राप्त मूल्य के बदले अदा करें  
FOR VALUE RECEIVED

₹

\*\*30,000.00\*\*

UPF 736036

शाखा क्रमांक Branch Serial No.

0631/2018

पंजाब नैशनल बैंक  
punjab national bank

Purchaser: CANCER CARE TRUST

Draft is signed singly as it is for amount upto Rs. 50,000/-

(NOT OVER Rs.30000/-)

अदाकर्ता शाखा एवं विन्स Drawee Branch with D.No.

D.No. 2107 - FINACLE -  
CDPC DELHI FINACLE

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं.  
AUTHORISED SIGNATORY WITH GBPA No.

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं.  
AUTHORISED SIGNATORY WITH GBPA No.

⑈ 736036 ⑈ 000024000⑈

16

Cancer Care Trust